



Bricks 4 Kidz® Program/Event Information Form

Child 1 Name: _____ Age: _____ Birth Date: _____

Child 2 Name: _____ Age: _____ Birth Date: _____

School: _____ Has your child participated in a B4K building event in the past? Yes _____ No _____

Email address: _____

Parent/Guardian(s) Name(s): _____

Best Phone Number to reach you at time of Event: _____ 2nd Phone Number(s): _____

Photo Policy and Waiver: Photographs are primarily taken for the benefit of the families and students involved in our programs. It is our goal to celebrate your child's creativity and record their good work. All pictures will be shared with you via web album at the end of each session.

By participating in our program, I hereby consent and agree that Bricks 4 Kidz® has the right to take photographs of my child and to use these photos for marketing and promotional purposes on our company website and facebook page with no full name or any other identifying information. I understand that if I do not consent to have my child's photo taken that I will notify Bricks 4 Kidz®- Des Moines, Ames Iowa by letter or via email at pgray-dietz@bricks4kidz.com.

Liability Waiver: My child's participation in the camps selected is voluntary. I understand that the selected activities may involve accidental injury and hereby voluntarily assume such risks. Knowing these risks, I want my child to participate in this activity. I (on behalf of my child) hereby assume the risk, and hereby waive, release, and discharge Bricks 4 Kidz®, its officers, employees, activity instructors and assistants, and all officers and employees of the school or community center sites where said activity will take place, for any and all claims for damages for personal injuries, or claims for damages to property, which my child or my child's heirs, assigns, executors or administrators may have or which may accrue to my child's participation in this activity. I have read the above and understand important legal rights are being waived.

XSignature (required) _____ Date: _____

Do the student (s) have any allergies, medical or other considerations we should be aware of? Yes _____ No _____

If yes, who and
describe: _____

Emergency Contact: Name: _____ Relationship _____

Emergency Home/Cell #: _____ Work #: _____

Emergency Waiver: In the event of an emergency, we will attempt to contact you as well as 911 Paramedics.

Preferred Hospital: _____ PhysiciansName: _____ Physicians#: _____

I authorize Bricks 4 Kidz®, staff to arrange transportation in case of accident or acute illness and to arrange for possible emergency medical and/or surgical care at the hospital listed above. It is understood that an effort will be made to notify me at the above phone numbers. If above such action is taken, and it is impossible to locate me or the above named, the uninsured responsibility and expense of this service will be accepted by me.

XParent Signature _____ Date _____

Other Adults Authorized for Pick Up: In addition to the parent(s) listed above, the following people are authorized to pick up my child from B4K event:

name: _____ relationship: _____ contact #: _____

name: _____ relationship: _____ contact #: _____